

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Boll Weevil Eradication Foundation of Georgia, Inc.  
 c/o Mike Evans, Its Registered Agent  
 243 Agriculture Building  
 Atlanta, Georgia 30334

Z06CV756-VFM

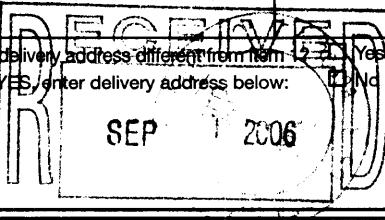
## A. Signature

**X**

Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from Item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes2. Article Number  
(Transfer from service label)

7005 3110 0002 5998 3605

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540